## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.:	4446-103230-con	}}	
Inventors:	BERTON L. VICARS	}	EXAMINER:
Serial No.: Filed:	10/764,902 JANUARY 26, 2004	} } }	KEVIN L. LEE ART UNIT: 3753
TITLE	SUCTION VALVE	} } }	CONFIRMATION NO. 2637
PATENT No. ISSUE DATE	7,172,175 FEBRUARY 6, 2007	} } }	

Office of Petitions Mail Stop Petitions Commissioner of PatentsP.O. Box 1450 Alexandria, Virginia 22313-1450

- [x] AUTHORIZATION TO PAY AND PETITION FOR THE ACCEPTANCE OF ANY NECESSARY FEES. If any charges or fees must be paid in connection with the following Communication they may be paid out of our deposit account 23-0920.
- [X] Payment of fees for the unintentional delay are being paid herewith and as noted above any additional fees or insufficient fees are to paid out of deposit account 23-0920.

PETITION FOR ACCEPTANCE OF CERTIFICATE OF CORRECTION TO CORRECT THE FAILURE TO MAKE REFERRENCE TO A PRIOR COPENDING APPLICATION UNDER 35 CFR 1.78 (a)(3).

- (i) Enclosed herewith is the Certificate of Correction Applicant requests be entered.
- (ii) The \$1410.00 surcharge set forth in 1.17(t) is submitted herewith.
- (iii) The copending application was noted in applicant's Transmittal, Declaration, and Filing receipt, copies of which are attached. The entire delay between the date the claim was due under 37 CFR 1.78, (a)(2)(ii), four months from the filing date of January 26, 2004, and the date of this claim was unintentional.

*	

Adjustment date: 10/26/2009 CKHLOK 88712/2009 INTEFSW 00003042 10764902 01 FC:1454 -1410.00 OF

Credit Card Refund Total: \$1410.00

Applicant requests that this petition be granted and that the Certificate of Correction be issued.

Dated: August 11, 2009

Respectfully submitted,

By: /James B. Conte/

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## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 10/8/09 2 Serial/Patent # 10/764902								
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
Filing					\$			
Amendment					\$			
Extension of Time					\$			
Notice of Appeal/Appeal					\$			
Petition				8/11/09	\$ 1,410.00			
Issue					\$			
Cert of Correction/Terminal	Disc.				\$			
Maintenance					\$ .			
Assignment					\$			
Other					\$ .			
		7 TOTAL AMOUNT OF REFUND \$   410.00						
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check CC						
Overpayment	Overpayment			Credit Deposit A/C #:				
Duplicate Payment			9					
No Fee Due (Explanation):								
petition dismissed as most								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Joan Olszewski			т	ITLE:	Petition Examiner			
SIGNATURE:			P	HONE:	571-272-7751			
OFFICE: Office of Petitions  ***********************************								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: <u>(Khiloh</u> DATE: <u>10/26/09</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B